	Case 2:22-cv-01234-AC	Document 1	Filed 07/14/22	Page 1 of 20
1 2 3 4 5 6 7	State of California Department Corrections and Rehabilitation Mule Creek State Prison DONTAE McFADDEN, Plain CDCR Registry No. AU7654 Housing Loc: A4-111 P.O. Box 409020 Ione, CA 95640 In Propria Persona			FILED Jul 14, 2022 CLERK, U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA
8	Uŗ	HTED STATI	ES DISTRICT CO	URT
9	EAS	TERN DIST	RICT OF CALIFO	PRNIA
10				
11	DONTAË McFADDEN,	j	Case No. 2:22	2-cv-1234-AC (PC)
12	Plaintiff,		COMPLAINT	FOR DAMAGES
13	v.		Violation of Ci	vil Rights
14	SAM WONG, in his individual	capacity,	42 U.S.C. § 198	3 – Denial of Medical Care
15 16	Defendant.		DEMAND FOR	R JURY TRIAL
17 18	Comes now Plaintiff Do		en, and for cause of	action against the defendants
19		INTRO	ODUCTION	
20 21	1. The California I	Department of (Corrections and Rel	nabilitation (CDCR) has one of
22	the largest prison systems in the United States, with approximately 100,000 men and women held			
23	in 33 prison facilities. The thousands of men and women locked up in CDCR face cruel and			
24 24	inhumane deficits in medical ca	re. CDCR pris	on officials have kr	nown for years that its
25	inadequate health care delivery	system at Mul	e Creek State Prison	n (MCSP) places prisoners at a
26	serious risk of harm but has fail	ed to take the	necessary steps to n	nitigate the risk. As a result,
27 27	prisoners at MCSP are subjecte	d to policies an	nd practices that sys	tematically deprive them of
28	their constitutional right to basi	c medical care.	;	
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JURISDICTION AND VENUE

- 2. This action is brought pursuant to 42 U.S.C. § 1983 to redress the deprivation, under color of law, of rights secured by the Constitution of the United States and Acts of Congress. This Court has jurisdiction to grant Plaintiff's request for declaratory relief pursuant to the Declaratory Judgement Act, 28 U.S.C. §§'s 2201 and 2202. Further, this Court has authority to grant the requested injunctive relief under 28 U.S.C. § 1343(3); the requested compensatory punitive, and nominal damages under 42 U.S.C. § 1983 and 28 U.S.C. § 1343; and Plaintiff's prayer for costs, including reasonable attorney's fees, under 28 U.S.C. § 1920 and 42 U.S.C. § 1988.
- 3. Venue lies in the Eastern District of California, the judicial district in which the claims arose, pursuant to 28 U.S.C. § 1391 (1)-(2). Plaintiff respectfully requests a jury trial on the allegations giving rise to this action.

EXHAUSTION OF PRE-LAWSUIT PROCEDURES

4. On April 27, 2021, Plaintiff filed an inmate appeal regarding defendant Wong's refusal to provide medical care. Plaintiff exhausted all available administrative remedies. See Attachment 1.

PARTIES

- 5. Plaintiff Dontae McFadden is a prisoner in the CDCR at MCSP. Officials at MCSP have known for years that the medical department at MCSP has an inadequate health care delivery system which places inmates at a serious risk of harm but no steps have been taken to mitigate the risks evidenced by several lawsuits filed against the medical department, including defendant Wong.
- 6. Plaintiff is a 38-year-old who suffered a gunshot wound to his right proximal tibia in 2001. Plaintiff underwent multiple surgeries including external fixation and muscular flap with skin grafts. Since the surgeries, Plaintiff's recovery has been relatively uneventful and has only worsened since his incarceration where he is subjected to multiple delays, cancellations, appointment mix-ups, and failures to provide appropriate follow-up after surgery. Two months later, when he was finally taken for surgery, it was found that Plaintiff had a partial develop on

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the anterior aspect of his knee, which ultimately ruptured and contained purulent fluid. If Wong had appropriately reviewed his medical file, and made efforts to refer him for surgery, it is likely that he wouldn't have suffered with so much pain, infection would not have set in.

- 7. In addition, Plaintiff experienced retaliatory conduct by defendant Wong after he filed a grievance against him for denial of medical care in the form of discontinuing prescribed supporting devices for mobility and pain medication.
- 8. Defendant Sam Wong is a correctional doctor for CDCR. In this role, he has the duty to ensure that all inmates are provided constitutionally adequate health care. At all times relevant to this action, Wong was acting under color of state law. Wong is sued in his individual capacity. Wong has an extensive history of misconduct towards the inmate population for refusing to provide proper medical care. Several lawsuits have been filed against Wong for deliberate indifference.

FACTS

- 9. The Plaintiff, Mr. McFadden, is a 38-year-old who in 2001 sustained a gunshot wound to his right knee.
- 10. Plaintiff had multiple surgeries, including a muscle flap and hardware placement in 2003.
- 11. In August of 2020, blood samples were taken from the Plaintiff where medical staff was made aware that he suffered with inflammation in his blood originating from his right knee.
- 12. Beginning in August of 2020, Plaintiff informed medical staff of worsening right knee pain. Medical staff ignored Plaintiff's requests for treatment.
 - 13. In February of 2021, Plaintiff was unable to bear weight on the right leg.
- 14. In March of 2021, Plaintiff's right knee pain gradually worsened. During medical interviews with defendant Wong, he accused Plaintiff of faking his condition and refused to provide medical care.
 - 15. Plaintiff's right knee pain worsened and began to swell and turn red.
 - 16. During a subsequent medical interview with defendant Wong, Plaintiff reported

- his worsening condition and showed Wong his swollen and reddened knee. Plaintiff further explained that he was in need of surgery and requested that he be referred to a specialist to determine the cause of the pain and swelling. Wong again accused Plaintiff of faking his condition and refused to refer him to a specialist. Wong was aware of the infection running through Plaintiff's blood and failed to inform him.
- During a subsequent medical interview with defendant Wong, Plaintiff reported his worsening condition and requested for emergency help. For the pain, swelling and redness, Wong prescribed Naproxen. Wong refused to refer Plaintiff for surgery.
- 18. Plaintiff then observed a bump forming on his knee that resembled a pimple. The pimple/bump was large in size.
- 19. During a subsequent medical interview with defendant Wong, Plaintiff reported the bump, which contained a substantial amount of pus. Wong refused to provide medical care and refused to refer Plaintiff to a specialist for surgery.
- 20. On or about May 1, 2021, while Plaintiff was brushing his teeth, the bump spontaneously began draining a substantial amount of purulent fluid. Plaintiff then requested emergency medical help. Plaintiff was again denied any medical treatment.
 - 21. Plaintiff's right knee caused him significant pain.
- 22. Because Plaintiff was unable to ambulate since February of 2021, he was forced to borrow crutches and a wheelchair from other inmates in order to ambulate. This caused Plaintiff severe shoulder pain and ongoing deterioration in his knee.
- 23. Defendant Wong's refusal to treat Plaintiff's medical condition is subjecting him to serious and unnecessary risks of ongoing pain, falls, and further deterioration of his condition.
- 24. On or about May 3, 2021, Plaintiff requested emergency medical help (Man-Down). Other medical staff finally referred Plaintiff to an outside hospital.
- 25. Physicians at San Joaquin General Hospital examined Plaintiff on May 3, 2021. They determined that surgery was required and on May 4, 2021, surgery was conducted. See Attachment 2.
 - 26. Plaintiff was prescribed pain medication and devices for mobility. Upon his return

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to the prison, defendant Wong took Plaintiff's prescribed medication and devices in retaliation for filing a grievance for refusing to provide medical care.

- 27. Being deprived of his crutches caused Plaintiff to fall.
- 28. From February through May of 2021, defendant Wong was aware of Plaintiff's condition and complaints. Despite his knowledge of Plaintiff's condition, Wong refused to ensure that Plaintiff receive necessary medical care to adequately treat his knee injury and address his significant pain.
- 29. Upon Plaintiff's return from the outside hospital, defendant Wong refused to prescribe physical therapy for the Plaintiff in retaliation for filing of a grievance against Wong for refusing to provide medical care.
- 30. Defendant Wong's actions have caused, and continue to cause, Plaintiff to suffer severe physical pain and emotional distress, and put him at risk for ongoing deterioration of his condition.

DAMAGES

- 31. As a proximate result of defendant Wong's conduct, Plaintiff suffered severe pain. As a further proximate result of Wong's conduct, Plaintiff suffered severe emotional and mental distress, fear of losing his leg, terror, anxiety and depression.
- 32. Defendant Wong acted outside the scope of his jurisdiction and without authorization of law. Wong's acts to deny medical treatment for a very painful condition and accuse Plaintiff of faking his condition was willful, wonton, malicious and oppressive, with deliberate indifference with the intent to cause Plaintiff pain and deprive him of his rights and privileges, and did in fact violate the aforementioned rights and privileges, entitling Plaintiff to exemplary and punitive damages in an amount to be proven at the trial of this matter.

CLAIMS FOR RELIEF

Denial of Medical Care

(Eighth and Fourteenth Amendments, 42 U.S.C. § 1983)

33. Plaintiff incorporates by reference each and every allegation contained in the preceding paragraphs as if set forth fully herein.

Attachment 2

Attachment 1



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Headquarters' Level Response

Closing Date:

SEP 2 1 2021

To:

MCFADDEN, DONTAE (AU7654)

Mule Creek State Prison

P.O. Box 409099 Ione, CA 95640

From:

California Correctional Health Care Services

Health Care Correspondence and Appeals Branch

P.O. Box 588500 Elk Grove, CA 95758

Tracking #:

MCSP HC 21001027

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual,

HEALTH CARE GRIEVANCE APPEAL SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue	Description
Issue: Disagreement with Treatment (PCP)	Refused treatment for right leg and knee pain.
Issue: Referral (Orthopedics)	To be seen by a specialist for right leg and knee pain.
HEADQUARTERS' LEVEL DISPOSITION	
X No intervention. Intervention.	

BASIS FOR HEADQUARTERS' LEVEL DISPOSITION

Your health care grievance package, health record, and all pertinent departmental policies and procedures were reviewed. Records support you having received evaluation and treatment as determined medically necessary. The Institutional Level Response adequately addressed your grievance issue and is sustained at the headquarters' level.

As stated in the Institutional Level Response, on May 4, 2021, you had surgery on your right leg, which included irrigation and debridement, removal of hardware, and treatment for cellulitis. Subsequently, you were seen for follow up by an orthopedic specialist on August 25, 2021. The provider noted a marked improvement in your C-reactive protein levels and that your x-rays showed a well healed right proximal tibia osteomyelitis with a rod in place.

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

You received primary care provider evaluation on August 27, 2021; the provider noted you denied leg pain at that time. The orthopedic specialist's impression that your infection had resolved and recommendations of continued surveillance and routine follow up were reviewed with you.

California Correctional Health Care Services health care providers are trained to treat multiple types of pain in a systematic, step-wise approach based on comprehensive assessment and planning, as outlined in the CCHCS Care Guide: Pain Management. Complete pain relief is not a realistic goal. The goal is to reduce pain and improve function while avoiding significant side effects and risks associated with stronger pain medications or surgery. The assessment and monitoring of your pain is an ongoing process.

You may request the services of an outside consultant by following the directions in California Code of Regulations, Title 15, Section 3999.207. Specialty providers may not order additional diagnostic tests, specialty services, or make referrals directly. The primary care provider is responsible to determine the necessity for all specialist recommendations; however, the primary care provider is under no obligation to provide the recommended treatment and may choose an alternate strategy. In addition, some services require prospective review prior to services being rendered.

There is no indication your care has not been provided pursuant to the rules and regulations governing the management and delivery of medically or clinically necessary health care services. Patients shall be accorded impartial (equal, unbiased) access to treatment or accommodations that are determined to be medically or clinically indicated, based on the patient's individual presentation, history, and exam findings, in accordance with appropriate policies and procedures. While you may not agree with the decisions of your treatment team, it does not constitute staff misconduct or deliberate indifference to your health care needs.

Your medical condition will continue to be monitored with care provided as determined medically or clinically indicated by the primary care provider. If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

It is not appropriate to expand the health care grievance beyond the initial issue(s). The Health Care Correspondence and Appeals Branch has the discretion whether to address new issues; it has been determined the new issue(s), transfer to California Medical Facility, not included in the originally submitted CDCR 602 HC, Health Care Grievance, will not be addressed at the headquarters' level per California Code of Regulations, Title 15, Section 3999.230(i).

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

This decision exhausts your administrative remedies.

Oigitally signed by HCCAB Date:
foi 2021.09.20 16:07:49-07'00'

S. Gates, Chief Health Care Correspondence and Appeals Branch Policy and Risk Management Services California Correctional Health Care Services September 20, 2021

Reviewed and Signed Date

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.



CALIFORNIA CORRECTIONAL

HEALTH CARE SERVICES



Institutional Level Response

Closing Date:

JUN 2 3 2021

To:

MCFADDEN, DONTAE (AU7654)

A G 1000110LP

California Medical Facility

P.O. Box 2000

Vacaville, CA 95696-2000

Tracking #: MCSP HC 21001027

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue		Description
Issue:	Disagreement with Treatment (Primary Care Provider)	You allege that you are being "refused treatment" of your "chronic issue with right leg and knee"
Issue:	Surgery (Lower Extremities)	You state you believe you need surgery.
Issue:	Scheduling (Specialty Referral)	To be seen by a specialist.

INTERVIEW

Pursuant to California Code of Regulations, Title 15, Section 3999.228(f)(1), an interview was not conducted as you did not request one by initialing the appropriate box on the CDCR 602 HC, Health Care Grievance.

INSTITUTIONAL LEVEL DISPOSITION

_	Lateral Mr. No.	
X	No intervention.	Intervention.

BASIS FOR INSTITUTIONAL LEVEL DISPOSITION

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. These records indicate you are enrolled in the Chronic Care Program (CCP), where your medical conditions and medication needs are closely monitored. Progress notes indicate there is a plan of care in place and the primary care provider (PCP) has discussed the plan of care with you.

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

ADA/Effective Communication Patient Summary

As of: 04/28/2021 08:10

Patient Information

Testing of Adult Basic Education (TABE)

NAME: MCFADDEN, DONTAE

CDCR: AU7654

TABE Score: 07.7

TABE Date: 02/10/2015 00:00

Disability Placement Program

Learning Disabilities

Current DPP Code(s):

Learning Disabilities:

DPP Verification/Accommodation Date:

Current Housing Restrictions/Accomodations:

English Proficiency

Methods of Communication

LEP: No

Primary Language: English

SLI:

Primary Method:

Durable Medical Equipment

Secondary Method:

dary Method:

Current ISSUED DME:

Interview Date:

* Eyeglass Frames Permanent * Foot Orthoses Permanent

* Knee Braces Permanent

Developmental Disability Program

MHSDS

Effective Date:

Current DDP Code:

MHLOC: CCCMS

Adaptive Support Needs:

HGCAB JUL 0 6 2021

Case 2:22-cv-01234-AC Document 1 Filed 07/14/22 Page 14 of 20 **FATE OF CALIFORNIA** DEPARTMENT OF CORRECTIONS AND REHABILITATION **EALTH CARE GRIEVANCE** Page 1 of 2 DCR 602 HC (Rev. 10/18) **FAFF USE ONLY** Tracking #: Expedited? MCSP-HC aff Name and Title (Print) Signature you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A DCR 602 HC A Health Care Grievance Attachment, Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care levance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health re grievance process. o not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink. ime (Last, First, MI) CDCR # Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health of SECTION A: welfare for which you seek administrative remedy: I am being refused treatment. a Chronic issue with my Caht Knee, my 109 and Worstener to sec Specialist cant Sleep, now Doint I cant I am also considering Care is being Serious pporting Documents Attached. Refer to CCR 3999,227 levant Signature: Date Submitted: PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL. ECTION B: | HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only Is a CDCR 602 HC A attached? Yes 内 No is grievance has been: Rejected (See attached letter for instruction): Date: Date: Withdrawn (see section E) Accepted Assigned To: erview Conducted? Date of Interview: Interview Location: Signature: Date: IW) Signature: Date: Intervention No intervention 3 2021

erviewer Name and Title (print): viewing Authority me and Title (print): :position: See attached letter GO Use Only: Date closed and mailed/delivered to grievant; Disability Code: Accommodation: 3. Effective Communication; TABE score ≤ 4.0 Additional time Patient asked questions DPH□ DPV□ LD Equipment SU Patient summed information DPS 🔲 DNH Louder Slower Please check one: DDP Basic Transcribe ☐ Not reached ☐ Reached Not Applicable See chrono/notes JUL 0 6 2021 <u>Comments;</u>

1 2021

SEP 2

STATE OF CALIFORNIA.
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 19/18)

22 Page 15 of 20

DEPARTMENT OF CORRECTIONS AND REHABILITATION

2 1 0 0 1 0 2 7 #Page 2 of 2

SECTION C:	Health Care Grievance Appeal. If you are dissatisfied with space is needed, use Section C of the CDCR 602 HC A), and su health care grievance appeal review. Mail to: Health Care Corres	ibmit the entire health care grievance package by mail	for Headquarters' (HQ) Level
I repe	deathy told Dr. wong somethin	i was wrong with my	1eg he to/2
	ould always be in pain. I had		y still told
me my is	ssue was not a medical emergency. I like to be Kept at california	. Yet, the truth was I ne	colod surgery.
_	\	proper moderal to	
1	believe the health car	¥ 4:	
	is in my best interest. I s		had to
• •	the ground and ask for a		
	properly. I do not trust -		
facility			
	needs are met.	,¥	
Grievant Signat	ure: Yashe mpster	Date Submitted: 06-30-20	521
SECTION D: H	EALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: St	aff Use Only Is a CDCR 602 HC A attached?	Yes No
This grievance ha	as been:		
Rejected (Se	e attached letter for instruction): Date:	Date:	
☐ Withdrawn (s	ee section E) (🛣 Accepted		
Amendment	Date:		
Interview Conduct	ed?	Interview Location:	i
Interviewer Name	and Title (print):Signatu	re:Date	·
Disposition: See	e attached letter	No Intervention	
	This decision exhausts yo	ur administrative remedies.	
HQ Use Only: D	ate closed and mailed/delivered to grievant:	2 1 2021	
SECTION E:	Grievant requests to WITHDRAW health care grievance: I request th	at this health care grievance be withdrawn from further reviev	v, Reason:
	1		
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Grievant Signat	ure;	Date Submitted:	
Staff Name and	Title (Print):	Signature:	Date:
ı	- ·		
	STAFF U	SE ONLY	
	•		

Distribution: Original - Returned to grievant after completed; Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Patient Name MCFADDEN DONTAGLARATI 1234-AC Birth Date 8/21/1982

Document 1

Filed 07/14/22 Page 16 of 20 Patient MRN AU7654 Financial Number 10000003712012540AU7654; 10000000912012540AU7654;

* Auth (Verified) *

HX12012540; 10000002712012540AU7654; 76357

San Joaquin General Hospital 500 W Hospital Road French Camp, CA 95231-

Patient: MCFADDEN, DONTAE LARAIL

MRN: 12603482

FIN: 30730095

DOB/Age/Sex: 8/21/1982 / 39 years

/ Male.

Admit: 8/25/2021

Disch:

Admitting: Dowbak, John M MD. Copy to: Frese Jessica

Office/Clinic Notes

[Electronically Signed on: 08/25/2021 16:05 PDT]

Dowbak, John M MD MD

[Verified on: 08/25/2021 16:05 PDT]

Dowbak, John M MD MD

Report Request ID: 370491655

Page 4 of 4

Page 17 of 20 Patient MRN AU7654

* Auth (Verified) *

Financial Number 10000003712012540AU7654; 10000809912012540AU7654; HX12012540; 10000002712012540AU7654; 76357

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DOB/Age/Sex: 8/21/1982 / 39 years

/ Male

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Disch;

Admitting: Dowbak, John M MD Copy to: Frese Jessica

Office/Clinic Notes

wound culture came back MSSA

The patient has completed his 6 weeks of IV therapy. He has no discharge coming from his right tibia. He is able to stand and walk. The considerable swelling that he had preoperatively has abated

Physical Exam

<u>Vitals & Measurements</u>
T: 36.9 °C (Oral) HR: 64(Peripheral) RR: 16 BP: 140/86 SpO2: 100%

HT: 177.80 cm WT: 117.93 kg BMI: 37.3

Range of motion of the knee is 0-100. To the muscle flap is viable. There are no open wounds. There is a small 3 mm x 5 mm abrasion of the skin anteriorly with granulation tissue under the skin.

Assessment/Plan

1. Osteomyelitis of right tibla M86.9

The patient has resolving osteomyelitis of the right tibia. Would like for him to have a C-reactive protein and a ESR. If the C-reactive protein is still elevated he should be on doxycycline 100 mg twice daily until his next appointment. If C-reactive protein has normalized then all antibiotics can be stopped. We will see him back in 6 weeks time. He may ambulate at will

Is been 3 months since he had antibiotic rod for MSSA of his right tibia. He has no pain. Is feeling good. Like to have the rod removed. The patient C-reactive protein was 2.6

Physical Exam

Vitals & Measurements

T: 36.9 °C (Temporal Artery) HR: 73(Peripheral) BP: 146/97 SpO2: 99%

HT: 175 cm WT: 120 kg BMI: 39 18

There is no open draining wounds on the right tibia. There is mild warmth medially. There is no erythema. Range of motion is 0-105. Compartments are soft

Assessment/Plan-

1. Osteomyelitis of right tibia M86.9

Patient a few months cefazolin for his MSSA. X-rays show a well healed right proximal libia osteomyelitis. With rod in place. We like to see the patient back in 2 months time. with a repeat C-reactive protein and CBC. The patient's C-reactive protein was 25 on 5/6/2021 and now it is 2.6 a marked improvement

Ordered:

XR Knee 2 Views Port Rt. 08/25/21 13:55:00 PDT. Routine, ance, 08/25/21 13:55:00 PDT, Reason: osteo, Reason; osteo, Transport Mode: Stretcher, Rad Type

Follow Up Instructions

With	When	Contact Information
Dowbak, John M MD	In 2 months 10/25/2021 PDT	
Additional Instructions:		

Report Request ID: 370491655

Page 3 of 4

* Auth (Verified) *

Filed 07/14/22 Page 18 of 20 Patient MRN AU7654 Financial Number 10000003712012540AU7654; 10000000912012540AU7654; HX12012540; 10000002712012540AU7654; 76357

San Joaquin General Hospital. 500 W Hospital Road French Camp, CA 95231-

Patient: MCFADDEN, DONTAE LARAIL

MRN: 12603482 FIN: 30730095

DOB/Age/Sex: 8/21/1982 / 39 years

/ Mate

Admit: 8/25/2021

ACdinner

<u>Alcohol</u>

Tobacco

Social History

Substance Abuse Past

Family History

ago Tobacco Use:.

Current

Disch:

Admitting: Dowbak, John M MD Copy to: Frese Jessica

hydrOXYzine, 50 mg, Oral, Daily, ACdinner

lidocaine, 1 patch, TOP, Daily, PRN

naproxen, 500 mg, Oral, BID, PRN

No Known Medication Allergies

Electronic Cigarette/Vaping

Electronic Cigarette Use: Never.

Former smoker, quit more than 30 days

Deceased Family Member(s):

mirtazapine, 7.5 mg, Oral, Daily, PRN,

Office/Clinic Notes

rod and removal screw. The patient understands the nature of the procedure and its riskbydrOXYzine, 25 mg, Oral, Once a day (at and knows there are no guarantees and accepts. bedtime)

Preoperative Diagnosis

Clerny stage 4 osteomyelitis right tibia with involucrum and sequestrum

Mader host B (elcohol,amphetamine, cocaine use)

retained screw right libia with shrapnel from gun shot wound 2001

wound class 4, dirty Postoperative Diagnosis

same

Operation

removal screw right tibia

irrigation and debridement right tibia with multiple reamings and removal of involucrum

and sequestrum

insertion 11 mm by 125 mm antibiotic Vancomycin and gentamicin rod deep wound cultures for aerobic, anaerobic, gram stain and tuberculosis specimen deep sinus tract to rule out squamous cell sarcoma

mssa

5/3/2021 Discharge date: 5/11/2021 CODE STATUS: Full Attending physician: Dr. Aung Resident physician: PGY-III, Dr. Lee

Accepting physician: Disposition: M CSP

Admitting Diagnosis:

- 1. Septic joint M00:9
- 2. BMI 35.0-35.9,adult Z68.35

Discharging Diagnosis:

- 1. Septic joint M00.9
- 2. Osteomyelitis of right tibia M86.9
- 3. Transaminitis R74.01
- 4. BMI 35.0-35.9 adult Z68,35

Consults

Orthopedic surgery, infectious disease

operation on 5/4/2021by ortho: removal screw right tibia, irrigation and debridement right tibla with multiple reamings and removal of involucrum and sequestrum, insertion 11 mm by 125 mm antibiotic Vancomycin and gentamicin rod.

Blood cultures were sent on 5/3/2021 finalized no growth day 5 negative.

Report Request ID: 370491655

Page 2 of 4

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* Auth (Verified) *

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San Joaquin General Hospital 500 W Hospital Road French Camp, CA 95231-

Patient; MCFADDEN, DONTAE LARAIL

12603482 MRN: 30730095 FIN:

DOB/Age/Sex: 8/21/1982 / 39 years

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Admit: 8/25/2021

Disch:

Admitting: Dowbak, John M MD Copy to: Frese Jessica

Office/Clinic Notes

DOCUMENT NAME:: SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION:

Office/Clinic Note: 8/25/2021 16:05 PDT Auth (Verified) Dowbak, John M MD (8/25/2021 16:05 PDT) Dowbak, John M MD (8/25/2021 16:05 PDT)

DOB: 08/21/1982 Age: 39 years Sax: Male MRN: 12603482

Registration Date: 08/25/2021 Primary Care Physician: MCSP, Physician

MCFADDEN, DONTAE LARAIL

Chief Complaint right toia osteomyelitis

Indication for Surgery

History of Present Illness right tibia osteo History of Present Illness Date/Time Surgery Performed 05/04/2024

38 year old Mule Creek incarcerated male with history of history of substance use disorder (alcohol, amphetamines, cocaine), antisocial behavior, and depression presenting to the ED 5/3/2021 for evaluation of worsening right knee pain and wound infection x1 week. Pt reports that approximately 6 weeks ago, he began to have right knee pain which has gradually worsened. He notes that 1 week ago the right knee began to swell and had increased redness to his right knee. Pt reports he was started on Keffex, which he has been taking as directed. 3 days ago, he noticed a small days ago. Denies fever/chills, chest pain. SOB, N/V/D. Per facility records, pt sustained a Tip. DOM. GSW to his right knee in 2001, and had surgery at UCSF and then Kaiser 15 years ago ceFAZolin 2.gr100 mL-NaCl 0.9% intravenous He has had 4 operations. Pt has undergone multiple surgeries since, including a muscle flap and hardware placement in 2003. He was taken to Sutter Health ED and treated with Rocephin 1g IM once. As per Sutter documentation the CT scan at the time. showed moderate joint effusion and labs showed elevated ESR and CRP, Pain was managed with Dilaudid and Norco: Currently the patient cannot bear weight on the right doxycycline hyclate 100 mg oral delayed leg and uses crutches to ambulate. The patient denies recent trauma to the right knee. He denies fevers, chills, nausea, or vomiting. He previously tested positive for COVID and also received the COVID-19 vaccine. ED Course: The patient was afebrile and

Unasyn 3g and Vancomycin 1.5g IV. Now plan I/D right tibia with insertion of antibiotic

Problem List/Past Medical History

Ongoing

No qualifying data

Historical

No qualifying data

Procedure/Surgical History

- · Antibiotic Rod Placement Tibia (Right) (05/04/2021)
- Incision & Debridement Leg (05/04/2021)

Medications

acetaminophen-codeine #3, 2 tab(s), Oral, BID. PRN

ascerbic acid 500 mg oral tablet, 500 mg= 1 tab(s), Oral, Daily, SJGH

solution, 2G, IV Piggyback, q8hr

release tablet, 100 mg= 1 tab(s), Oral, BID, Start on 06/15/2021 After finishing Cefazoline iv 5 weeks course. PCP may extend if patient still has sign of infection. without leukocytosis. H/H was 12/37, CRP elevated to 33. The patient was administered

Report Request ID: 370491655

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PROOF OR SERVICE BY UNITED STATES MAIL (Code of Civil Procedure Section 1015) (28 U.S.C. Section 1746)

, declare, depose and say, the following statement is true and correct under penalty of perjury, according to the law of the State of California based on matters known to me personally to be true.
I am over eighteen years of age, a resident, and a state prisoner of the State of California with a present mailing address of:
Mule Creek State Prison Post Office Box 409020 Ione, CA 95640
On this $\frac{7-14}{}$ day of $\frac{7-14}{}$ 20 $\frac{22}{}$, I caused a true and correct copy of the following, specifically described document(s).
(22) pages confaining civil writ and medical 602 the hospital actions,
at the prison to be placed in a sealed envelope(s), with first class postage, having been placed thereon, duly addressed to the interested person or persons as described hereinafter, and then deposited said envelope(s) in the regular United States mail, or mail service made available where I am being detained, to the addressee(s):
UNITED STATES DISTRICT COURT for the Eastern District of California 501 I Street, Ste. 4-200 Sacramento, CA 95814 P.O. Box 944255 Sacramento, CA 94244-2550
I declare that there has been regular U.S. mail pick-up by correctional officers at the aforementioned prison, and/or delivery service, at the places where I posted the envelopes described above, regular communication by mail between the place of mailing and the place so addressed.
Executed this day 20 under penalty of perjury according to the laws of the State of California, at lone, Amador County.
You Am My Man